

California Integrated Waste Management Board
Hospital Blue Wrap Film Collection Meeting, September 19, 2006

- DRAFT -
Plastic Wrap Film Recycling Initiative Survey

As part of our environmental stewardship programs, we are asking for your help in documenting plastic wrap film purchases, management methods, locations, and recycling opportunities. In order for this program to be useful to all of us and aid in statewide planning activities, please complete the following questionnaire and return it to the address noted below by _____, 2006.

1. Facility Name: _____
Address: _____
Contact Name: _____ Phone: _____
e-mail: _____
2. Total amount of blue plastic film wrap **purchased** and time frame:
_____ per _____
(pounds, tons, rolls) (day, week, month, quarter, year)
If rolls, approximate pounds per roll: _____
3. Total amount of blue plastic film wrap **recycled** and time frame:
_____ per _____
(pounds, tons, yards) (day, week, month, quarter, year)
4. Locations where used blue plastic film wrap are generated: _____

_____.
5. If blue plastic film wrap is collected for recycling, who picks it up and how is the blue plastic film wrap collected, transferred, stored and readied for recycling (ex. baler, large plastic collection bin, open topped fenced area?) _____

_____.
6. How does your facility ensure the blue plastic film wrap collected for recycling is segregated from other wastes (i.e. medical waste, trash, other recyclables): _____

_____.

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7. If you are currently (or would like to) recycling blue plastic film wrap, please provide the name and phone number of your recycling firm:

Your refuse / garbage collection firm and phone number: _____

8. Please circle and provide amounts of other plastic material that is currently recycled from your facility (i.e. stretch wrap, Styrofoam, polystyrene, HDPE, PVC, etc.):

<u>Type</u>	<u>Amount</u>	per	<u>Time Frame</u>
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

9. Please circle and provide amounts of other plastic material recycled that you would like to recycle from your facility (i.e. stretch wrap, foam, polystyrene, HDPE, PVC, etc.):

<u>Type</u>	<u>Amount</u>	per	<u>Time Frame</u>
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

10. Please indicate the total number of beds at your facility: _____.

11. Please indicate the average bed occupancy rate at your facility: _____.

Thank you very much for your assistance in completing and submitting this survey!
Your information will provide the basis for additional recycling programs, better community outreach, and a cleaner environment!

Other thoughts and comments: